

ples of overreferral to psychiatry for sexual problems (it is assumed that where there is a sexual problem, it must be related to the person's disability) or the opposite—advice to “adjust to your disability,” meaning, “accept that sexual relationships are impossible.”

Peer counseling is particularly useful regarding sexuality. Where pamphlets and educational videos offered by a professional may seem impersonal or remote, encouragement from a peer—“I know you can do it, because I can”—is extremely helpful. A peer counselor can provide information gained from real experience, inspire confidence, offer unimagined options, and stimulate a move toward creativity and experimentation.

In our organization, peer counseling groups on disabled women's sexuality illuminate the power of peer counseling. In a 12-week evening group, we focus each week on a selected topic (menstruation, birth control, pregnancy, childbirth, sexual intimacy, alternatives to traditional sexual positions, body image issues for disabled women) but allow each participant, during her turn in the group, to choose the feelings or issues most in need of attention for her.

The groups include people of different disability types, races, ages, and levels of education. This diversity works well to offer the widest view of what “normal” sexuality is

supposed to be. During the meetings there are lots of laughter, considerable embarrassment, some tears, and a great deal of appreciation for each other's openness and risk taking in sharing feelings.

At the end of a 12-week group, most participants indicate, in tones of relief or surprise, their realization that sexuality in the context of a disability need not be viewed primarily as a lessening of function or intimacy but can become an opportunity for creativity and enhanced communication with partners. It is possible not only to continue sexual intimacy with a disability, but sometimes disability may force a person to move beyond rigid cultural notions of prescribed behaviors and options and seek human connection in new ways.

The Independent Living Movement needs physicians who will encourage peer groups and peer helping, who will know what peer programs are available and refer their patients or, where appropriate, encourage them to initiate their own groups.

GENERAL REFERENCES

- Crewe N, Zola I (Eds): *Independent Living for Physically Disabled People*. San Francisco, Calif, Jossey-Bass Publishers, 1983
- Deegan M, Brooks N (Eds): *Women and Disability: The Double Handicap*. New Brunswick, NJ, Transaction Books, 1986
- Gartner A, Riessman F (Eds): *The Self Help Revolution*, Vol 10. Community Psychology Series. New York, NY, Human Sciences Press, 1984

DREAMS OF FREEDOM

I hate the dependence I have on you. Oh, I try to accept and live the ever-present fact that without you I would essentially go nowhere, but the gnawing feelings of not quite being a whole person keep sweeping through my self confidence. You are so important in my daily life that I tend to overlook your outward ugliness and rely on you to support me and help me accomplish things that without you might have been impossible.

Do you know the embarrassment I feel deep inside when we are seen out in public together and people stare at you and at me with you? If I could just gain my independence and meet people on my own without you constantly being there between us, like a wall separating me from living my own life to its fullest.

My dreams are full of freedom. I'm running in a big open field with my friends, playing tag, feeling the cool green grass caressing my body as I tumble down a hill. But when I awake again I am thrown back into your dream-shattering reality, back to being confined and stifled by you.

I despise you and everything you stand for, demanding my dependence, making me appear different from the accepted norm and causing me to question intentions in fear that pity is lurking nearby. Yes I loathe the sight of you because together we become a girl in her wheelchair!

ROBYN OLSON©
Claremont, California

Robyn Olson became completely quadriplegic and blind in the last few years from juvenile rheumatoid arthritis and multiple sclerosis. She also received a degree in social work and is very active in helping other disabled persons.